

ISSUE SLIP S

(Cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	5/2/01
FORMALITY REVIEW	H.S.	466	05-21-01
RESPONSE FORMALITY REVIEW	MD	2097	09/19/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	1	1	3/28/00
2	3	1	5/11/00
3	4	1	11/12/00
4	5	1	
5	6	1	
6	7	1	
7	8	1	
8	9	1	
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43	45	1	
44	46	1	
45	47	1	
46	48	1	
47	49	1	
48	50	1	

Claim	Final	Original	Date
51	11	1	12/15/00
52	11	1	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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AL
5/22
5-2-01
06-19-01